

Accepted
7/12/18
SHN

Yale
NewHaven
Health
Bridgeport
Hospital

July 11, 2018

Sue Newton, RN
Supervising Nurse Consultant
Department of Public Health
Facility Licensing & Investigation Section
410 Capitol Avenue, MS#12-FLIS
P.O. Box 340308
Hartford, CT 06134

Re: May 29, 2018 Unannounced Visit

Dear Ms. Newton:

We have attached our response to your letter of June 29, 2018, listing the violations identified during the recent DPH visit. We believe we have addressed all of the deficiencies and have identified the measures that have been or will be taken, the dates those measures will be completed, and we have identified the responsible individuals.

Bridgeport Hospital appreciates that the Department of Public Health's efforts and insight have given us an opportunity to improve our systems of care and as a result the quality of the care we provide. We would like to thank you for your assistance in this regard.

Sincerely,



Ryan O'Connell, MD
Vice President, Performance/Risk Management

ROC/dc

DATE(S) OF VISIT: May 29, 2018

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

The following is a violation of the Regulation of Connecticut State Agencies Section 19-13-D3 (b) Administration (2) and/or (c) Medical Staff (2) and/or (e) Nursing Services (1) and/or (i) General (6).

1. Based on medical record reviews, review of facility documentation and interviews for 1 of 3 patients who received care at the OBGYN clinic, (Patient #1), the facility failed to ensure that a nurse was present in the examination room during the exam. The finding includes:
 - a. Patient #1 had an annual exam at the OBGYN clinic on 2/5/18. Patient #1's medical record dated 2/5/18 identified that Resident #1 (PGY1) performed a speculum exam, a bimanual (Pelvic) exam and Pap smear and STD (sexually transmitted diseases) specimens were obtained. Interviews with MD #1 and Resident #1 on 5/29/18 indicated that MD #1 observed Resident #1 perform Patient #1's annual exam on 2/5/18. Interview with the Program Manager on 5/29/18 at 1:23 PM noted that a nurse was always present in the room with the patient for certain exams as a chaperone and a nurse was not present during Patient #1's exam on 2/5/18. The facility policy for chaperoning for sensitive physical examinations dated 12/21/16 identified that all sensitive physical exams occurring in any clinic will need to be chaperoned by nursing staff to include, in part, all gynecological exams.

The following is a violation of the Regulation of Connecticut State Agencies Section 19-13-D3 (a) Physical plant and/or (b) Administration (2) and/or (c) Medical Staff (2) and/or (e) Nursing Services (1).

2. Based on medical record reviews, review of facility documentation and interviews for 1 of 3 patients who received care at the OBGYN clinic, (Patient #1), the facility failed to ensure that the facility responded to a Patient complainant/grievance as per facility policy. The finding includes:
 - a. Patient #1 had an annual exam at the OBGYN clinic on 2/5/18. Patient #1's medical record dated 2/5/18 identified that Resident #1 (PGY1) performed a speculum exam, a bimanual (Pelvic) exam with Pap smear and STD (sexually transmitted diseases) specimens obtained. Patient #1's medical clinic office visit dated 2/12/18 indicated that patient #1 reported concerns to MD #3 regarding the OBGYN appointment dated 2/5/18. The note by MD #3 further identified that the Patient was "reassured" and the matter was redirected to SW (social worker) #1. Interview with RN #1 on 5/29/18 at 1:07 PM noted that multiple phone calls were made to Patient #1 without a return phone call and Patient #1's care concerns were not reported to the Patient Relations Department. Although the Patient's concerns were investigated, a written response to the Patient was not sent. The facility complaint/grievance policy identified that a formal grievance is a written or verbal complaint that is made to the hospital by a patient or the patient's representative regarding the patient's care. The policy further identified that all grievances will be investigated and a written response will be provided to the patient within thirty business days.



Violation #1

- (1) Staff for GYN and all clinics were educated at a staff meeting on the need to ensure that patients are appropriately chaperoned during sensitive examinations as outlined in the Primary Care Center's Staff Chaperone for Sensitive Examinations policy/procedure.
- (2) Staff education sessions were completed by 7/3/18.
- (3) On an ongoing basis, charge nurses will monitor during rounding and through observation that compliance is maintained. Should there be non-compliance staff will be re-educated.
- (4) Nurse Manager, Primary Care Center will be responsible for ensuring compliance with the plan of correction.

Violation #2

- (1) The Assistant Nurse Manager/Case Manager of the Primary Care Center has been educated on the need to refer unresolved patient complaints/grievances to the Patient Relations Department to ensure appropriate follow up and written response is made with the patient.
- (2) Process was made effective immediately on 5/29/18.
- (3) The Assistant Nurse Manager/Case Manager will maintain a log of patient complaints/grievances to track efforts to ensure closure and that referrals to the Patient Relations Department are made as needed.
- (4) Nurse Manager, Primary Care Center will be responsible for ensuring compliance with the plan of correction.